

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013285

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3621

FILED APR 12 1962

VS 300
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|----------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b <u>10 years</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bethesda Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ora A.</u> Middle <u>Van Pelt</u> Last | | 4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/10/85</u> |
| 9. AGE (last birthday) <u>76</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst Secretary</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grand Lodge I.O.O.F.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Mocon County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William H. Ashurst</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie L. Switzer</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ralph Van Pelt</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Ralph Van Pelt 3733 Lindell Blvd</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary thrombosis</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>10 years</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour <u>10:55</u> a.m. <u>P</u> Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>1956</u> to <u>present</u> and last saw her alive on <u>3-17-62</u> Death occurred at <u>10:55 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>Harold E. Walters M.D.</u> (Degree or title) | |
| 22b. ADDRESS <u>3720 Washington St. St. Louis</u> | | 22c. DATE SIGNED <u>4-2-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>4-6-1961</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Clarence Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Shepard Funeral Home, 1167 Hamilton Ave</u> | | 25. DATE RECD. BY LOCAL REG. <u>APR 5 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u> | | | |

USE BLACK INK

OR
TYPEWRITER RIBBON

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. H. E. WALKER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~body~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Laurence O. Gerling

Licensed Embalmer No.

4979

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.